

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
08654652

FILING DATE

APPL/QUANT(S)

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	3				
TOTAL DEP.	14	↓	↓	↓	↓
TOTAL CLAIMS	17	████████	████████	████████	████████

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IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	████████
TOTAL DEP.	████████
TOTAL CLAIMS	████████